

STATE OF SOUTH CAROLINA)
)
 COUNTY OF: _____)
)
 IN THE MATTER OF: _____)
)

IN THE PROBATE COURT
INVENTORY AND APPRAISEMENT
 CASE NUMBER: _____

ORIGINAL
 SUPPLEMENTAL # _____

Personal Representative (s): _____

Last Four Digits of Decedent's Social Security Number: XXX-XX- Was there a will? YES NO
 Decedent's Date of Death: _____ Domicile at death: _____ (county) (state)

The undersigned, being sworn, states: That the following schedules contain a complete and accurate inventory and appraisal of all real and personal property of this estate so far as the undersigned is informed: that he/she has estimated and/or appraised all listed property at its fair market value, according to the best of his/her knowledge and ability.

SWORN to me this _____ day of _____, 20 _____.

Notary Public for South Carolina
 My Commission Expires: _____

Attorney: _____
 Address: _____
 E-Mail: _____
 Telephone: _____

Signature: _____
 Name: _____
 Address: _____
 E-Mail: _____
 Telephone (O): _____
 (H): _____
 Signature _____
 Name: _____
 Address: _____
 E-Mail: _____
 Telephone (O): _____
 (H): _____

For estates of decedents, the gross fair market valuation of all assets, regardless of situs, should be given as of the date of death. List all out-of-state assets on appropriate schedules. A Supplemental Inventory should be utilized for correcting, adjusting or adding to an original inventory. A qualified and disinterested appraiser may be employed to ascertain the value of any asset, the value of which may be subject to reasonable doubt. If an appraiser is employed, his/her name and address should be indicated with the item or items he/she appraised.

Within ninety (90) days following appointment, a copy of the inventory and appraisal shall be sent to each interested person who requests it, and the original inventory filed with the Probate Court.

RECAPITULATION

	Non-Probate	Probate
Schedule A - Real Estate	\$ _____	\$ _____
Schedule B - Stocks and Bonds	_____	_____
Schedule C - Notes Due Decedent and Cash	_____	_____
Schedule D - Insurance on Person's Life: Part 1 - Payable to Estate	_____	_____
Part 2 - Payable to Beneficiary	_____	_____
Schedule E - Jointly Owned Property	_____	_____
Schedule F - Other Miscellaneous	_____	_____
Other Assets Payable to Estate	_____	_____
Schedule G - Transfers during Decedent's life	_____	_____
Schedule H - Powers of Appointment	_____	_____
Schedule I - Annuities and Retirement Accounts	_____	_____
TOTAL GROSS VALUE	\$ _____	
ENCUMBRANCES	(_____)	
TOTAL NET WORTH	\$ _____	

SCHEDULE D - Insurance (If none, so state.)

Part 1 - Life Insurance Payable to the Estate

Item No.	Description	Value

TOTAL PART 1 \$ _____
(also enter under recapitulation, page 1)

Part 2 - Life Insurance Payable to Beneficiaries

Item No.	Description	Beneficiary	Value

TOTAL PART 2 \$ _____
(also enter under recapitulation, page 1)

SCHEDULE E - Jointly owned Property (with right of survivorship) (if none, so state.)

NOTE: You must complete Schedule E if the Decedent owned any property jointly with right of survivorship at the time of death, whether or not the decedent's interest is included in the gross estate.

Percentage includible:

1 - Joint interest held by decedent and spouse - the amount included is one-half (50%) of the value in all cases.

2 - Other joint interest - Generally you must include the full value of the jointly owned property in the gross estate. However, the full value should not be included if you can show that a part of the property originally belonged to the other tenant(s). The amount included is the amount of the decedent's contribution to the joint account(s).

Item No.	Description	Joint Owner(s)	Percentage Includible	Appraised Value of Decedent's Interest

TOTAL SCHEDULE E \$ _____
(also enter under recapitulation, page 1)

(If more space is required, insert tax schedules or additional sheets of same size.)

